

# Best Available Copy

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

*9432-001/69*

### CLAIMS AS FILED - PART I

(Column 1) (Column 2)

<b>TOTAL CLAIMS</b>	<b>36</b>	
<b>FOR</b>	<b>NUMBER FILED</b>	<b>NUMBER EXTRA</b>
<b>TOTAL CHARGEABLE CLAIMS</b>	<b>36 minus 20 = *</b>	<b>16</b>
<b>INDEPENDENT CLAIMS</b>	<b>6 minus 3 = *</b>	<b>3</b>
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		<input type="checkbox"/>

**SMALL ENTITY  
TYPE**  **OTHER THAN  
OR SMALL ENTITY**

<b>RATE</b>	<b>FEES</b>	<b>RATE</b>	<b>FEES</b>
<b>BASIC FEE</b>	<b>370.00</b>	<b>OR BASIC FEE</b>	<b>740.00</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	<b>288</b>
<b>X42=</b>		<b>OR X84=</b>	<b>252</b>
<b>+140=</b>		<b>OR +280=</b>	
<b>TOTAL</b>		<b>OR TOTAL</b>	

**OTHER THAN  
SMALL ENTITY  
OR SMALL ENTITY**

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	<b>1400</b>
<b>X42=</b>		<b>OR X84=</b>	
<b>+140=</b>		<b>OR +280=</b>	
<b>TOTAL ADDIT. FEE</b>		<b>OR TOTAL ADDIT. FEE</b>	<b>PD</b>

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 36	Minus	** 36 =
Independent	* 13	Minus	*** 13	= 7
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				<input type="checkbox"/>

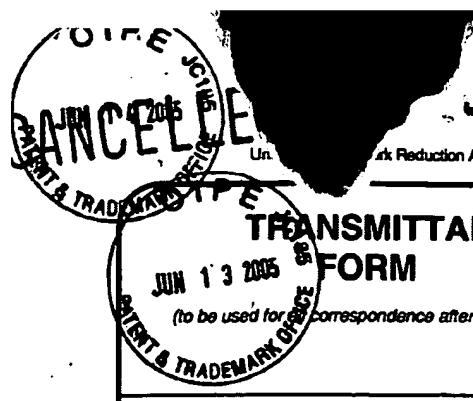
<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X42=</b>		<b>OR X84=</b>	
<b>+140=</b>		<b>OR +280=</b>	
<b>TOTAL ADDIT. FEE</b>		<b>OR TOTAL ADDIT. FEE</b>	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
Independent	*	Minus	***	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				<input type="checkbox"/>

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X42=</b>		<b>OR X84=</b>	
<b>+140=</b>		<b>OR +280=</b>	
<b>TOTAL ADDIT. FEE</b>		<b>OR TOTAL ADDIT. FEE</b>	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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263  
JFW**TRANSMITTAL  
FORM**JUN 13 2005  
(to be used for correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	10/083,886
Filing Date	February 27, 2002
First Named Inventor	Szeming Cheng et al.
Art Unit	2655
Examiner Name	Huyen X Vo
Attorney Docket Number	9432-000169

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): postcard
	<b>Remarks</b>	The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	
Signature		
Date	June 13, 2005	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Gregory A. Stobbs	Express Mail Label No.	EV 570 164 509 US (6/13/2005)
Signature		Date	June 13, 2005

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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